



Licensing and Standards Division  
32-02 Queens Boulevard  
Long Island City, NY 11101-2324

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## Affirmation of Lost or Stolen Medallion or Ratecard (owner)

I, \_\_\_\_\_ affirm:

That I am the (an officer of \_\_\_\_\_),

Owner of medallion number \_\_\_\_\_.

That I make this affirmation based upon personal knowledge of the facts therein stated.

That said medallion, rate card and/or vehicle was lost or stolen (circle which applies) on \_\_\_\_\_

That, if lost or stolen, said loss or theft was reported to the police on \_\_\_\_\_  
(date) at \_\_\_\_\_ precinct, under complaint number \_\_\_\_\_.

That this affirmation is being submitted to induce the Taxi and Limousine Commission to issue replacement medallion and/or rate card.

That I know of my own knowledge that no other person(s) or corporation(s) has any right, title or interest in or to said medallion and/or rate card pursuant to any contract of sale, leasing agreement or other instrument or agreement.

Wherefore, it is respectfully requested that the Taxi and Limousine Commission issue replacement medallion and/or rate card to the undersigned.

**NOTICE:** Should your medallion and/or rate card be recovered, your failure to immediately return it to the Taxi and Limousine Commission may result in administrative and/or criminal penalties.

"I hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted form(s) or application(s), including any supplemental form(s) and/ or document(s) and that these document(s) and or statement(s) do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license/permit."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**TLC PERSONNEL USE ONLY**

**REASON FOR REQUEST**

- |   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Lost/Stolen        | <input type="checkbox"/> Appeals/Legal Dept. | <input type="checkbox"/> Confiscated by NYPD, etc |                                |
| <input type="checkbox"/> Confiscated by TLC | <input type="checkbox"/> Late Renewal        | <input type="checkbox"/> Destroyed Credential     | <input type="checkbox"/> Other |

**Medallion/RateCard**

NAME OF OWNER: \_\_\_\_\_ MEDALLION NO. \_\_\_\_\_

**OR**

CORPORATION NAME: \_\_\_\_\_

\_\_\_\_\_  
Name of TLC Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TLC Employee